9 3-	. 202	1
-01	J 1000	. \
DECT	ORNBUR BY OF	GHTE!
- MY 714	OF S	TATEL
RUNGET	ARY OF E	
SEFOR	POLI	TICA

RONTHON OF STATE STATE STATEMENT OF OR	GANIZATION	EC 12 2003
FOR POLITICAL ACTION COMMITTE	ES AND PARTY GOM	WEST OF COMMISSION WEST STATES TO SERVICE STATES OF THE PROPERTY OF THE PROPER
(See Reverse Side For		2144.14
This is a (check one) Party Committee	Political Action Committee	
This is an (check one) Initial Statement	✓ Amended Statement	
COMMITTEE (PLEASE TYPE OR	R PRINT)	# # # # # # # # # # # # # # # # # # #
Name FARMERS Insurance Employee and Agent Pol	litical Action Committee of Ka	nsas
Mailing Address (Street, City, State, Zip Code) 10850 Lowell Ave., Overland Park, KS, 66210	Business Telephone ( 913 ) 661-6580	
CHAIRPERSON		
Name Frank Soldano	Home Telephone ( 913 ) 897-4612	
Mailing Address (Street, City, State, Zip Code) 10850 Lowell Ave., Overland Park, KS. 66210	Business Telephone ( 913 ) 661-6580	
TREASURER		
Name Howard Alshouse	Home Telephone ( 913 ) 469-4174	
Mailing Address (Street, City, State, Zip Code) 10850 Lowell Ave., Overland Park, KS. 66210	Business Telephone ( 913 ) 661-6510	
AFFILIATED OR CONNECTED ORGANIZATIONS	4	
Name Same as Committee Name		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify the trac	de, profession, or primary interest o	of the contributors.
SIGNATURE:		
"I declare that this statement has been examined by me and to	the best of my knowledge and	2 4
belief is true, correct and complete. I understand that the inte	entional failure to file this docum	ient
or intentionally filing a false document is a class A misdemez	inor."	
(Date) (Signatu	re of Chairperson)	-:
C	* ************************************	Rev 2000

Governmental Ethics Commission